

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1470

1. PLACE OF DEATH

County Jasper
Township Oklaena
City Joplin (No. 2097)

Registration District No. 411

File No. 1470

Primary Registration District No. 2097

Registered No. 1470

St. Joplin Ward 2

2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1878

7. AGE

YEARS 52

MONTHS 25

DAYS 25

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

13. NAME L. C. Walton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

15. MAIDEN NAME Marah Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

17. INFORMANT (ADDRESS) John Johnson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valley Park DATE 1-2-1932

19. UNDERTAKER (ADDRESS) Charles E. Clark

20. FILED 1/41 1932

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1932

2. I HEREBY CERTIFY That I attended deceased from Jan 19, 1932 to Jan 19, 1932
I last saw her alive on Jan 19, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Putrefied gangrenous appendicitis
1931

Other contributory causes of importance:

Name of operation 1931 Date of 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury D

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify C. M. Dalsley M. D.

(Signed) Joplin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

